



**Lois Reid College of Counselling Studies**

Armidale Diocese Anglican Counselling Training Service Inc  
Registrar Ph (02) 6765 2527 Enquiries Ph (02) 6762 5210

**Enrolment Form**

*Please use a black pen*

**Diploma / Bachelor of Counselling Studies**

(under review by Higher Education Board, June 2006)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title (Circle one): Ms Miss Mrs Mr Revd Dr other: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/s: \_\_\_\_\_

**Academic Records**

School Standard Gained: \_\_\_\_\_ Year: \_\_\_\_\_

Tertiary Education (give standard reached, year and place of study): \_\_\_\_\_

Other Training Courses (give standard reached, year and place of study): \_\_\_\_\_

ACS Know Yourself Course at: \_\_\_\_\_ With: \_\_\_\_\_ Date: \_\_\_\_\_

Other Awareness Courses Completed (attach list of activities offered and benefits gained):

(NB Not all awareness courses are acceptable as alternatives to Anglican Counselling Service course)

**Please use the reverse of this form and outline why you want to do this course.**

How did you hear about our course? \_\_\_\_\_

If referred, by whom were you referred? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: **LRCCS Registrar PO Box 3052 Tamworth 2340**  
or Fax (02) 6762 1730